Please type a plus sign (*/ inside this dex	Please type a plu	s sign (+)	inside this b	ox —	$\pm$
---	-------------------	------------	---------------	------	-------

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

riease type a plas eight ( ) meles and	_	0.0. , 0.0			
Inder the Paperwork Reduction Act of 1995,	no persons are required	to respond to a collection of information	n unless it disp	plays a valid OMB	control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 25371A Haque First Inventor Development of Thermoplastic...

		1				
(Only for new nonprovisiona	l applications under 37 CFR 1.53(b))	Express I	Mail Label No.		05056 US	
APPLICAT	ION ELEMENTS			Assistant Con Box Patent Ap Washington,		Patents
1. X   Fee Transmittal For (Submit an original and a du, Applicant claims sm See 37 CFR 1.27. 3. X   Specification (preferred arrangement s - Descriptive title of - Cross Reference - Statement Regar - Reference to seq or a computer professional content of the Brief Summary of - Brief Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the Description - Description - Claim(s) - Abstract of the Description - Description - Claim(s) - Abstract of the Description - Description - Copy from a lag of the Copy from a lag of	[Total Pages 25] et forth below) If the invention to Related Applications ding Fed sponsored R & D uence listing, a table, ogram listing appendix te Invention of the Drawings (if filed) tion  Disclosure  S.C. 113) [Total Sheets 4] [Total Pages 1] ed (original or copy) prior application (37 CFR 1.63 (d)) ion/divisional with Box 17 completed) ON OF INVENTOR(S) ement attached deleting inventor(s) te prior application, see 37 CFR	7 8. Nucle ( <i>if ap</i> , a b. Sp	Assignment Pa 37 CFR 3.73(I (when there is English Trans Information D Statement (ID Preliminary A Return Recei (Should be sp Certified Cop (if foreign pri	FR in duplicate ram (Appendix no Acid Seque sary) adable Form (in a case of the case of th	e, large table or x) ence Submissio CRF) n: pies); or y of above copi CATION PAF theet & docume Attorr ent (if applicable Citatio MPEP 503) inized)	es  STS  es  OTA .2.0 TAR. DEC. DTA. DTA. DTA. DTA. DTA. DTA. DTA. DTA
	Sheet. See 37 CFR 1.76		••••			
17. If a CONTINUING APPLIC or in an Application Data Shee Continuation Prior application information:	CATION, check appropriate box, and s	f the prior application or divivertently omitte	prior application No.  Group / Art Unit:  cation, from which isional application of from the submit	an oath or dec	/	 lied under
X Customer Number or Bar Code	Label 2288 (Insert Oustomer No. or Atlact		or L	Correspon	ndence address belo	
Name						
Address				1	0-4-	
City		State			Code	
Country		Telephone		F	ax	
Name (Print/Type)	Stephen W. Barns	Regi	istration No. (A	torney/Agen	t) 38,037	
Signature	State			Date	17 DCT 200	3

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

( <b>@</b> )	7	7	0		n	í
(\$)	•	,	v	٠	v	١

C mplete if Known			
Application Number	Unknown		
Filing Date	Herewith		
First Named Inventor	Haque		
Examiner Name	Unknown		
Group Art Unit	Unknown		
Attorney Docket No.	25371A		

METHOD OF PAYMENT	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
1. X indicated fees and credit any overpayments to:	Large Small				
Deposit Account Number	Entity Entity  Fee Fee Fee Fee Fee Description  Code (\$) Code (\$)	Fee Paid			
Deposit Account Owens-Corning Fiberglas Technology, Inc.	105 130 205 65 Surcharge - late filing fee or oath	0.00			
Name	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	0.00			
Under 37 CFR 1.16 and 1.17		0.00			
Applicant claims small entity status.		0.00			
See 37 CFR 1.27  2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination 112 920° 112 920° Requesting publication of SIR prior to	0.00			
Chock C Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action				
FEE CALCULATION	113 1,840° 113 1,840° Requesting publication of SIR after Examiner action	0.00			
	115 110 215 55 Extension for reply within first month	0.00			
1. BASIC FILING FEE  Large Entity Small Entity	116 400 216 200 Extension for reply within second month	0.00			
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month	0.00			
Code (\$) Code (\$)	118 1,440 218 720 Extension for reply within fourth month				
101 740 201 370 Utility filing fee 770.00 106 330 206 165 Design filing fee 0.00	128 1,960 228 980 Extension for reply within fifth month	0.00			
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal	0.00			
108 740 208 370 Reissue filing fee 0.00	120 320 220 160 Filing a brief in support of an appeal	0.00			
114 160 214 80 Provisional filing fee 0.00	121 280 221 140 Request for oral hearing	0.00			
	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00			
SUBTOTAL (1) (\$) 770.00	140 110 240 55 Petition to revive - unavoidable	0.00			
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional	0.00			
Extra Claims Fee from Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)	0.00			
Total Claims 20 -20** = 0 X 18.00 = 0.00	143 460 243 230 Design issue fee	0.00			
Independent 3 - 3** = 0 X 86.00 = 0.00	144 620 244 310 Plant issue fee	0.00			
Multiple Dependent 0 = 0.00	122 130 122 130 Petitions to the Commissioner	0.00			
	123 50 123 50 Processing fee under 37 CFR 1.17(q)	0.00			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	0.00			
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00			
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))	0.00			
over original patent	179 740 279 370 Request for Continued Examination (RCE)	0.00			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application	0.00			
SUBTOTAL (2) (\$) 0.00	Other fee (specify)	0.00			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	0.00			

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Stephen W. Barns	Registration No. (Attorney/Agent)	38,037	Telephone	740/321-7162
Signature	T. Par			Date	170c 2003

WARNING: Information n this f rm may become public. Credit card information should not be included in this form. Pr vid credit card infirmation and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.